## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7208

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed 10
3 CANDIDATE /	MS / MRS / MR FIRST	Mil	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Michael R.		
• <del>• • • • • • • • • • • • • • • • • • </del>	NICKNAME LAST	SUFFIX	- Date Received
	"Mike" Barre	<b>⋥</b>	
4 CANDIDATE / OFFICEHOLDER MAILING		STATE: ZIEGO	TO ED F
ADDRESS  Change of Address	6705 Hwy. 290 W., Ste. 502-188; Aus	tin, TX 78735	Sate Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION : 25	Receipt # 14move
PHONE	(512) 689-9380		Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mr. Michael R.  NICKNAME  LAST	MI	Date Imaged
	"Mike" Barre	<u> </u>	<u> </u>
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE). APT / SUR	_ · · · · .	ZIP CODE
(Residence of business)  8 CAMPAIGN  TREASURER  PHONE	AREA CODE PHONE NUMBER (512) 689-9380	EXTENSION	<u> </u>
9 REPORTTYPE	X   January 15   30th day before election	<u> </u>	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	11/12/2009 THROU	,	
11 ELECTION	ELECTION DATE ELECTION TYP Month Day Year		·
	3/2/2009 <b>X</b> Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) N.A.	13 OFFICE SOUGHT (if known	Justice of the Peace, Travis County Precinct 3
14 NOTICE OF DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign e</li> <li>Candidates are required to disclose this information</li> </ul>	expenditures made by others without to ion only if they receive notification of	the candidate's prior consent or approval.  i the direct campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name N.A.		
	Address / PO Box Apt. / Surte #: City; State, Z	Zip Code	
additional pages			
	GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr.	Michael R. "Mik	e" Barre	16 ACCOUNT # (Ethics Commission File)
17 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officehol	otice of political contributions accepted or political expenditures made to der. These expenditures may have been made without the candidate's of beholders are required to report this information only if they receive notice	r officeholder's knowledge or consent
	COMMITTEE TYPE	N.A.	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 205.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI	ED \$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1794.56
CONTRIBUTION BALANCE	_	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 205.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	E \$ 2857.97
2/2/6/	SA GARZA LART	is true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report information required to be reported by
My Co AFFIX NOTARY STAMP	Notary Public ATE OF TEXAS omm. Exp. Nov. 12, 20 / SEAL ABOVE	Signature of Candid	date or Officeholder
Sworn to and subscrib		the said MICHASL R BARRS	, this the <u>니</u> day
		tify which, witness my hand and seal of office. TをなるとAにてもソ	K MGR
Signature of officer adm	ministering path	Production of the second collection of the sec	le of officer administering oath

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

			· <del>-</del>	
The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	duie A
2 FILER NAM	E Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Eif	ncs Commission filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/13/09	6 Contributor address; City; State; Zip Code		\$5.00	<b>!</b>
	18100 Mammoth Cave Blvd, Pflugerville, TX	78660	(lé tenuel enciales e	   
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
<u> </u>		<u>.                                      </u>	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#: Alfonzie Stepney	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/13/09	Contributor address; City; State: Zip Code		\$200.00	
	18100 Mammoth Cave Blvd, Pflugerville,	TX 78660	(If travel outside d	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	•	n reces, compete schedule ()
r micipal occu				
	· · · · · · · · · · · · · · · · · · ·	! 	<del></del>	<del></del>
Date	Full name of contributor out-of-state PAC (ID#:	}	Amount of contribution (S)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	4 • • • 1 • -		
			(if travel outside (	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See	-	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (£D#	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		Ilf teamed and also	of Texas, complete Schedule T)
Drincinal occu	pation / Job title (See Instructions)	Employer (See		
⊬нныр <b>аг осы</b>	panon i soo nuc (occ misuoumons)	Cubiolei (see		
		<u>-</u>	<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

·=·-··································	⇒ ⇔ ⇔  □ out-of-state PAC (ID#:  Zip Code		the factor of th
NITEMIZED LOANS:  e of lender el R. Barre er address; City; State:  Hwy, 290 W., Ste. 502-188; (See Instructions)	Out-of-state PAC (ID#  Zip Code  Ai\$24.00 }735		\$ N.A.  9 Loan Amount (\$) \$100.00  10 Interest rate 0%  11 Maturity date
el R. Barre er address; City; State: Hwy, 290 W., Ste. 502-188;	Out-of-state PAC (ID#  Zip Code  Ai\$24.00 }735	)	9 Loan Amount (\$) \$100.00  10 Interest rate 0%  11 Maturity date
el R. Barre er address; City; State;  Hwy. 290 W., Ste. 502-188;  (See Instructions)	Zip Code Ai\$24.00 3735	e Instructions)	\$100.00  10 Interest rate 0%  11 Maturity date
Hwy. 290 W., Ste. 502-188; (See Instructions)	Ai\$24.00 3735	e Instructions)	0% 11 Maturity date
(See Instructions)	<u> </u>	e Instructions)	_ ·
	13 Employer (See	e Instructions)	
of guarantor		· ·	<u> </u>
of guarantor	<u> </u>		
			18 Amount Guaranteed (\$)
intor address; City; State;	Zip Code		
	20 Employer		<u> </u>
of lender	Out-of-state PAC (ID#		Loan Amount (\$)
el R. Barre			\$200.00
	Zip Code		Interest rate 0%
Hwy. 290 W., Ste. 502-188; A	Austin, TX 78735		Maturity date On demand
See Instructions)	Employer (See Instru	uctions)	
		<u> </u>	
of guarantor			Amount Guaranteed (\$)
ntor address; City; State;			
	Employer		
	of guarantor Inter address; City; State;	of guarantor Intor address; City; State; Zip Code	of guarantor Intor address; City; State; Zip Code

The Instruction	Guide explains how to complete this f	orm.	1 Total pages Sche	edule E: 2 of 2
FILER NAME	Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ed	ncs Commission filers)
TOTA	L OF UNITEMIZED LOANS:	<b>라</b> 다	⇔ ⇔	\$ N.A.
Date of loan 12/11/09	7 Name of lender Michael R. Barre	out-of-state PAC (ID#:	)	9 Loan Amount (\$) \$2,000.00
Is lender a financial Institution?	8 Lender address; City State:	Zip Code		10 Interest rate 0%
Y	6705 Hwy. 290 W., Ste. 502-188	; Austin, TX 78735		11 Maturity date On demand
Principal occupation	n / Job title (See Instructions)	13 Employer (See	Instructions)	
Description of Collate X none	era <sup>†</sup>			
GUARANTOR	16 Name of guarantor			18 Amount Guaranteed (\$)
X not applicable	17 Guarantor address; City: State;	Zip Code	* * * * * * * * * * * * * * * * * * *	
Principal Occupation	· · · · · · · · · · · · · · · · · · ·	20 Employer		
	Name of lender			Loan Amount (\$)
Date of loan		aut-of-state PAC (ID#	<u></u> -	
Is iender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Is iender a	Lender address; City; State;			
Is lender a financial Institution?  Y N	Lender address; City; State;  n / Job title (See Instructions)		ctions)	Interest rate
Is lender a financial Institution?  Y N	n / Job title (See Instructions)	Zip Code	ctions)	Interest rate
Is lender a financial Institution?  Y N  Principal occupation  Description of Collab	n / Job title (See Instructions)	Zip Code	ctions)	Interest rate
Is lender a financial Institution?  Y N  Principal occupation  Description of Collaboration  none  GUARANTOR	n / Job title (See Instructions) eral	Zip Code  Employer (See Instru	ctions)	Interest rate  Maturity date

#### P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: 1 of 3 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Mers) 2 FILER NAME Mr. Michael R. "Mike" Barre Date 5 Payee name Amount (\$) Office Depot 12/3/09 \$12.44 6 Payee address; City; State; Zip Code 5300 Mopac Expy. South #101, Austin, TX 78749 Purpose of payment (See instructions regarding type of information 9 · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Office supplies. (If travel outside of Texas, complete Schedule T) Payee name Date **Amount** Staples **(\$)** 12/4/09 Payee address; City; State; Zip Code **\$**12.39 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735 Purpose of payment (See instructions regarding type of information) · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held Office supplies. (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Staples 12/6/09 Payee address; City: State: Zip Code \$9.92 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office sought Office held Office supplies. (If travel outside of Texas, complete Schedule T) Date Payee name Amount Walmart (\$) 12/8/09 \$12.93 Payee address; City; State; Zip Code 5017 Us Hwy 290 West, Austin, TX 78735 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held Office supplies. (If travel outside of Texas, complete Schedule T)

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## POLITICAL EXPENDITURES

### SCHEDULE F

		<u>.</u>			
The Instruct	tion Guide explains how to complete this form.		1 Total pages	Schedule F: 2 of 3	
2 FILER NAME	Mr. Michael R. "Mike" Barre		3 ACCOUNT	# (Ethics Continussion filers)	
4 Date	5 Payee name Staples		<u> </u>	7 Amount (\$)	
12/12/09	6 Payee address; City; State; Zip Code 4301 W. William Cannon, Bldg B3, Ste. 5	00, Austin TX 78735		\$19.03	
8 Purpose of pay required.) Office supplie	ment (See instructions regarding type of information S.	9 · Complete if di Candidate / Officeholder	r	to benefit C/OH •• Office sought Office	ce held
(If travel outsid	e of Texas, complete Schedule T)	<u> </u>			
Date	Payee name Rita Quinn			Amount (\$)	
12/13/09	Payee address; City: State; Zip Code 3607 RR 620 N, B14, Austin, TX 78734			\$100.00	
Photography:	ment (See instructions regarding type of information Services. e of Texas, complete Schedule T)	Complete if d Candidate / Officeholder	•	to benefit C/OH •• Office sought Offic	ce held
Date	Payee name Target			Amount (\$)	
12/15/09	Payee address; City, State; Zip Code 5300 S Mo Pac Expy; Austin, TX 78749		+	\$4.98	
required.) Office supplie	ment (See instructions regarding type of information  S. ide of Texas, complete Schedule T)	Complete if d Candidate / Officeholder	•	to benefit C/OH Office sought Office	ce held
Date	Payee name Office Depot			Amount (\$)	
12/17/09	Payee address; City: State; Zip Code 5300 Mopac Expy. South #101, Austin, TX			\$64.90	
required.) Office supplie	ment (See instructions regarding type of information  S.  of Texas, complete Schedule T)	·· Complete if d Candidate / Officeholder	<del>-</del>	to benefit C/OH •• Office sought Office	ice held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED		

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instru	ction Guide explains how to complete this form.	1 Total pages Sc	hedule F: 3 of 3
FILER NAM	Mr. Michael R. "Mike" Barre	3 ACCOUNT # (	Ethics Commission feets:
Date 12/30/09	5 Payee name Travis County Republican Primary Fund 6 Payee address; City; State; Zip Code	7	Amount (\$) \$1000.00
	7901 Cameron Rd., Suite 3-202, Austin, T	TX 78754	
required.) ee to file as tepublican (	sayment (See instructions regarding type of information in a candidate for Justice of the Peace in the primary.  Side of Texas, complete Schedule T)	9 ·· Complete if direct expenditure to Candidate / Officeholder name Officeholder	benefit C/OH ice sought Office held
Date	Payee name		Amount (5)
	Payee address; City, State, Zip Code		
required.)	nayment (See instructions regarding type of information lide of Texas, complete Schedule T)	Complete if direct expenditure to Candidate / Officeholder name	
required.)		· · · · · · · · · · · · · · · · · · ·	
required.) (If travel outsi	ide of Texas, complete Schedule T)	· · · · · · · · · · · · · · · · · · ·	Amount
(If travel outs)  Date	ide of Texas, complete Schedule T)  Payee name	- Complete if direct expenditure to	Amount (\$)  benefit C/OH
(If travel outsi	Payee name  Payee address;  City: State: Zip Code	- Complete if direct expenditure to	Amount (\$)  benefit C/OH
(If travel outsi	Payee name  Payee address: City: State: Zip Code  rayment (See instructions regarding type of information  raside of Texas, complete Schedule T)  Payee name	Complete if direct expenditure to Candidate / Officeholder name  Off	Amount (\$)  benefit C/OH
(If travel outs)  Date  Purpose of parequired.)	Payee name  Payee address: City: State: Zip Code  rayment (See instructions regarding type of information  raside of Texas, complete Schedule T)  Payee name	Complete if direct expenditure to Candidate / Officeholder name	Amount (\$)  benefit C/OH fice sought  Amount
Purpose of parequired.)  Date  Date  Date	Payee name  Payee address; City: State: Zip Code  rayment (See instructions regarding type of information  Itside of Texas, complete Schedule T)  Payee name	Complete if direct expenditure to Candidate / Officeholder name Officeholder name	Amount (\$)  Amount (\$)  Amount (\$)

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

The Instru	action Guide explains how to complete this form.	1 Total pages Schedule G:	1 of 2
FILER NA	ME Mr. Michael R. "Mike" Barre	3 ACCOUNT # (Ethics Corr	umission filers)
Date	5 Payee name	8	Amount
	Neida Wells Spears, Tax Assessor-Collector		(\$)
11/12/09	6 Payee address: City: State: Zip Code		\$24.00
	5501 Airport Boulevard , Austin, Texas 78751		Ψ24.00
	7 Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement from political
	Map of Precinct 3.  (If travel outside of Texas, complete Schedule T)		contributions intended
Onto			
Date	Payee name Staples		Amount ( <b>\$</b> )
11/13/09	Payee address: City; State; Zip Code		<b>#</b> 40 00
	4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 787	35	<b>\$</b> 43.99
	Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement
	Office supplies. (If travel outside of Texas, complete Schedule T)		from political contributions intended
Date	Payee name Postal Annex		Amount (\$)
11/16/09	Payee address; City; State; Zip Code	* • • • • • • • • • • • • • • • • • • •	\$106.00
	6705 Hwy 290 W., Ste. 502, Austin TX 78735		
	Purpose of expenditure (See instructions regarding type of information Mail box rental.	required.)	Reimbursement from political
	(If travel outside of Texas, complete Schedule T)		contributions intended
Date	Payee name Travis County Clerk		Amount (\$)
11/20/09	Payee address; City, State Zip Code		\$16.00
	5501 Airport Boulevard , Austin, Texas 78751		\$ 10.00
	Purpose of expenditure (See instructions regarding type of information		Reimbursement from political
	Filing fee for Cert. of Ownership for Barre for Texas assume (If travel outside of Texas, complete Schedule T)	ed name.	contributions intended
Date	Pavee name Office Depot		Amount (\$)
11/22/09	Payee address; City; State; Zip Code		<b>\$</b> 61.97
	5300 Mopac Expy. South #101, Austin, TX 78749		ψυ 1. Φ1
	Purpose of expenditure (See instructions regarding type of information Office supplies.	required.)	Reimbursement from political
			contributions Intended

## POLITICAL EXPENDITURES

SCHEDULE G

The instru	uction Guide explains how to complete this form.	1 Total pages Sche	dule G 2 of 2
FILER NA	ME Mr. Michael R. "Mike" Barre	3 ACCOUNT # (Et	ncs Commission filers)
Date	5 Payee name City of Austin	<u> </u>	8 Amount (\$)
12/8/09	6 Payee address: City, State; Zip Code  Municipal Court, PO Box 2135, Austin, TX 78768		\$2.50
	7 Purpose of expenditure (See instructions regarding type of information Parking meter at campaign event.  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date 12/11/09	Payee name Target Payee address; City; State; Zip Code		Amount (\$)
	5300 S Mopac Expy; Austin, TX 78749		\$3.51
	Purpose of expenditure (See instructions regarding type of information Office supplies.  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement from political contributions intended
Date	(If travel outside of Texas, complete Schedule T)  Payee name	· ··	Amount
	Payee address; City; State; Zip Code		( <b>\$</b> )
	Purpose of expenditure (See instructions regarding type of information  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure (See instructions regarding type of information  (If travel outside of Texas, complete Schedule T)	required.)	Reimbursement from political contributions intended